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City of Seattle

Drug Free Workplace Policy

Policy

The City has a significant interest in the health and safety of its employees and the citizens of the City of Seattle. In furtherance of that interest, it is the policy of the City to take those steps necessary to ensure that its employees perform their duties and responsibilities free of the influence of unlawful drugs and unimpaired by alcohol. Employees are encouraged to seek confidential counseling on problems associated with alcohol and drug abuse through the City's Employee Assistance Program. There shall be mandatory drug and alcohol testing for employees and job applicants under circumstances enumerated in this Plan and the Drug and Alcohol Testing Program.

Drug-Free Workplace Policy Statement

City employees shall be informed that:

- a. abuse of drugs in the workplace not only endangers the user but also citizens and fellow employees;
- b. the City has declared its policy that the workplace shall be drug free;
- c. employees needing help in dealing with a drug abuse problem are encouraged to use the Employee Assistance Program and health insurance plans, as appropriate;
- d. referrals for drug counseling, rehabilitation and employee assistance are available through the Employee Assistance Program; and
- e. violations of the City's Drug-Free Workplace Policy may subject an employee to appropriate disciplinary actions.

Prohibited behaviors and employee and employer responsibilities under the Drug-Free Workplace Act

Under the terms of the Drug-Free Workplace Act (Public Law 100-690, 41 USC 701 et seq.), the following activities are prohibited on City premises or while conducting City business off City premises: the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance (drugs).

A City employee who is convicted under any criminal drug statute for a violation occurring in the workplace, shall notify his or her appointing authority within five days after such conviction.

An appointing authority who has been notified by an employee of such conviction shall notify the Mayor as soon as possible thereafter. The appointing authority shall take appropriate disciplinary action and/or require the employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency. If so

required, satisfactory participation in such a program shall be a condition of continued City employment. The appointing authority shall report any such convictions, disciplinary actions, and rehabilitation requirements to any federal agency from which the Department receives any funding either directly or through a state agency.

Persons violating this policy are subject to appropriate disciplinary actions. This policy shall not prevent an independent, internal investigation of activities or behavior occurring on the job as proscribed herein prior to conviction under a criminal drug statute and the decision to take disciplinary action based on that investigation.

Behavior expectations under general conditions of employment and safety regulations

No City employee shall report for work after having used a controlled substance which has not been legally prescribed by a health care practitioner. No employee shall report for work while impaired from the consumption of alcohol.

A City employee who reports to work while taking a lawfully prescribed, controlled substance shall have obtained a recommendation from their health care provider as to whether the employee may perform the duties of their job in a safe manner. Such recommendation may be required to be in writing if the employee is performing a job which involves driving of motor vehicles, operation of equipment, or other tasks the safe performance of which may be compromised by the use of controlled substances.

City employees are encouraged to report to a supervisor any knowledge that a fellow employee may be in a condition which impairs his/her ability to perform job duties or which could pose a hazard to the safety and welfare of others. Upon receiving such report, it shall be a supervisor's responsibility to conduct an investigation and if appropriate to require the employee to submit to a Fit for Duty Medical Examination.

City employees are encouraged to use the confidential services available through the Employee Assistance Program for confidential consultation and referral for treatment and counseling if alcohol or drug abuse may be a problem. Treatment programs are a covered benefit of the City's health care plans.



City of Seattle

Employee *Fact Sheet*

Fit for Duty Medical Examination

- ◆ As an employee, it is your responsibility to report for work each day as scheduled, to be alert, rested and physically able to perform your work with reasonable skill and safety. Most employees meet this standard, however, some employees report to work ill or impaired in some way and may endanger others. In these situations, the City conducts a medical exam under the *Fit for Duty Medical Examination Policy*, which has been in effect since 1982 to ensure a safe workplace for you, your coworkers and the public.
- ◆ The City will conduct a *Fit for Duty (FFD) Medical Examination* when an accident, injury* incident, or employee's behavior, speech or appearance causes a supervisor to suspect a physical or psychological condition may be impairing an employee's ability to perform work with reasonable skill or safety.
(*If injury is involved requiring immediate medical treatment, medical treatment should supersede the FFD procedure.)
- ◆ A *Fit for Duty Medical Examination* is a specific, confidential, medical examination conducted by an occupational physician. The physician will:
 - ▶ review unusual work behavior affecting the employee's job performance as observed and documented by supervisory personnel;
 - ▶ evaluate the employee's physical and/or psychological condition;
 - ▶ may refer the employee to his or her own physician or a medical specialist, order laboratory tests, conduct breath alcohol and urine drug tests, or any other medical procedures the physician deems appropriate; and
 - ▶ determine the employee's ability to perform his or her job with reasonable skill and safety.
- ◆ You are expected to cooperate when a *Fit for Duty Medical Examination* is requested; and will be asked to sign a form consenting to the examination. This examination is in your best interest to identify the causes of unsafe behavior. Refusal to cooperate or sign the consent form are considered very serious matters (insubordination) and will result in disciplinary action up to and including termination.
- ◆ If the results of the *Fit for Duty Medical Examination* could result in disciplinary action and a union represents you, the City (manager or supervisor) will allow you to speak with the most readily available union representative when reasonable prior to the exam. Communication may be by telephone or in person; however, the City is not required to delay the examination pending arrival of a union representative.

DRUGS IN THE WORKPLACE

Drug or alcohol abusing employees harm themselves, their co-workers, the City, and their families. Although the cost of some of this damage may be difficult to compute, there are actual dollar cost calculations.

Correlation between Drug and Alcohol Abuse and Accidents and Injuries:

According to the National Institute on Drug Abuse (NIDA) and other federal government research:

- drug users are 3.6 times more likely to cause injuries at work, five times more likely to file a workers compensation claim; and will have medical expenses three times as high.
- 40% of industrial fatalities and 47% of injuries are alcohol related.
- 33% of truck drivers involved in fatal accidents tested positive for alcohol or drugs.
- a single drug or alcohol abusing employee can cost as much as \$7000 in one year.

In 1994, the Department of Transportation (DOT) issued regulations that apply to City employees who perform safety sensitive functions as defined by the DOT. Generally, these regulations require the City to implement a comprehensive drug and alcohol testing program for its commercial driver's license (CDL) drivers and Coast Guard covered employees. During 1995, the first year of implementation, of the 850 covered employees, eighteen employees and one applicant tested positive for drugs. In 1995, random testing identified 78% of the positive tests. **The positive drug test rate has declined steadily since then and in 2000, the City reported only one positive drug test.**

In 1995 a comparison of ten years of workers' compensation claims for CDL employees testing positive and negative, the Personnel Department, Citywide Safety Unit identified a relationship between substance abuse and workplace injuries. Those employees testing negative for drugs had an average of 3.07 claims with an average claim cost of \$2,424. In contrast, those employees who tested positive for drugs had an average of 5.0 claims with an average cost per claim of \$4,807.

(The following is adapted from the City of Seattle Substance Abuse Awareness Program Employee Handbook, DPS Substance Abuse Training Systems, California, October 1994)

Drug and Alcohol Abuse and Addiction

A drug is a chemical substance that produces physical, mental, emotional, or behavioral change in the user; or, a substance, other than food, intended to affect the structure or function of the body.

Drug and alcohol abuse is the use of any drug or alcohol in a medically, socially, or legally unacceptable manner, for example:

- using an illegal drug, such as marijuana or cocaine,
- taking a prescribed drug beyond the prescribed dosage or by someone other than the one for whom the drug was prescribed,

- taking an “over the counter” drug, such as cough medicine, to the point of physical or mental impairment,
- consuming alcohol to the point of physical or mental impairment, or
- using alcohol in an amount or at a time prohibited by the City’s policy.

Anyone who consistently abuses any drug can become addicted. How the drug is taken, the physical and psychological make-up of the user and other factors determine how fast the addiction process occurs. However, *a pattern of abuse of any drug including alcohol, can be as harmful as an addiction.*

How a pattern of abuse becomes an addiction is not clear, but we know it is partly because with continued use the body’s tolerance to the drug builds up and a physical or psychological dependency develops. Once the mind or body is dependent on the drug, it feels bad to stop using it... this physical and psychological reaction is “withdrawal”. To avoid withdrawal, the abuser continues to abuse. Eventually the drug creates a disease called addiction. The drug interferes with thinking and feeling in the brain that the person is compelled to find and use the drug no matter what the consequences. **Drug or alcohol addiction is a disease in which the addicted person has lost the ability to control his or her consumption of the drug.**

Avoiding Enabling Behavior

I. Notes for Employees:

Understanding Your Role

Every affected City employee has a responsibility to understand and comply with city policy. But each of us must also refuse to be an enabler for the drug or alcohol abuse of others

What Is Enabling?

Enabling is knowingly or unknowingly, contributing to drug or alcohol abuse by making it possible or easy for the abuser to continue using drugs or abusing alcohol. It is protecting someone from the consequences of their drug or alcohol abuse, whether it is family, friends, co-workers, or employees.

Are you or have you ever been an enabler? You probably were or are, if you have done any of the following. Have you:

- taken over the work or responsibilities of a drug abusing co-worker?
- made excuses for a drug abusing co-worker?
- accepted a co-worker’s excuses about their use of alcohol or drugs?
- lent money to help a co-worker support a drug habit?
- ignored criminal drug activity on city property?
- helped someone to actively abuse drugs or alcohol by purchasing drugs or alcohol for him or her, or given anyone a pill that was legally prescribed for you?

Refuse to Enable

We allow ourselves to be enablers because we:

- want to protect co-workers

- want to be accepted and liked by our co-workers
- are afraid to confront employees who violate city policy or engage in criminal activity.

Not enabling can be difficult! However, enabling makes us part of the problem.

What to Do:

If you suspect that a co-worker may have a drug or alcohol abuse problem:

- tell the person you have noticed a change in them and express your concern.
- don't talk to other co-workers about your concern; rumors can be vicious.
- Encourage the person to get help! Give them information about how to get help.

An abuser may find it easier to change their risky and harmful life-style when faced with the real problems he/she has caused. Many times, the only thing that motivates the addicted person to seek help is the real possibility of losing his/her job.

If you witness violations of city policy or what appears to be criminal activity, don't ignore the situation! Follow established reporting procedures. The safety and security of all employees is at risk. Make it clear that you intend to play your part in creating a drug-free workplace. Remember what each of us must do:

1. Learn the effects of drug and alcohol abuse.
2. Understand and support the City's drug and alcohol policy.
3. Report to work fit for duty.
4. Seek help if you need it.
5. Refuse to enable the drug and alcohol abuse of others.

By taking these steps you could save someone's life. You will also make your workplace a safer, more productive and rewarding place to be.

II. Notes for Supervisors:

Supervisors enable drug abuse when they:

- Let an employee repeatedly function below standards.
- Let their guilt, or fear of confrontation influence them to ignore the problem.
- Let personal loyalties to the user stop them from taking corrective action.
- Let the fear of exposing the City prevent them from acknowledging the problem.
- Condone or encourage social customs or traditions that involve alcohol on the job.

Be part of the solution!

If **you** are enabling, you are part of the drug or alcohol abuser's problem! The sooner the abuser is made to deal with his or her problems, the sooner recovery can begin.

Alcohol

What It Is

Alcohol is a socially acceptable drug that has been consumed throughout the world for centuries. Alcohol is considered a recreational beverage when consumed in moderation, however, when consumed primarily for its physical and mood-altering effects; it is a substance of abuse.

Beverage alcohol is ethyl alcohol or ethanol that is diluted and or blended as wine, beer, liqueur (distilled spirits) or liqueur. Beer, wine and liquor contain alcohol in varying amounts:

Beer	4-7%
Wine	9-21%
Liquor	40-75%

Though alcohol is a legal substance it is regulated by various state laws for purchase eligibility and distribution location.

Type of Drug: Central nervous system depressant

How It Affects You

Alcohol enters the bloodstream through the stomach and upper intestine and circulates rapidly throughout the body. The effect of alcohol can be delayed if, for example, you've just eaten a meal. Food slows down the absorption of alcohol.

Alcohol acts as a depressant to the central nervous system; sort of like a sleeping pill. At first, there is an increase in heart rate, a warm flushing of the skin, and a loss of alertness. You feel more relaxed and may feel better able to communicate or be social. But as more alcohol is consumed, your perception is altered, vision is blurred, and coordination is hampered. In other words, you get "drunk."

The effects of alcohol wear off only over time as it is steadily oxidized by the liver. It

takes about one hour to eliminate the amount of alcohol in one glass of wine, one can of beer, or one shot of whiskey. This process cannot be speeded up. You cannot "sober up" by taking a cold shower or drinking coffee.

How It Can Hurt You

To the human body, alcohol is a poison – it either kills cells or dissolves into cell membranes so the cell can no longer respond properly. For this reason, alcohol affects almost every organ in the body. At sufficiently high doses, alcohol can cause unconsciousness, coma and death.

Alcohol is involved in 60% of all suicide attempts, 70% of all murders, 60% of all fatal auto accidents and 60% of all drownings.

Alcohol decreases the ability of the liver to metabolize fat. This leads to hepatitis and cirrhosis.

Alcohol weakens the pumping of the heart muscle and decreases blood flow to the heart. Alcohol is the most common cause of high blood pressure.

Alcohol causes the stomach to secrete more acid than normal, leading to gastritis and ulcers.



Amphetamine/Methamphetamine

What It Is

Methamphetamine is an addictive stimulant drug that strongly activates certain systems in the brain.

Methamphetamine is closely related chemically to amphetamine, but the central nervous system effects of methamphetamine are greater. Both drugs have some medical uses, primarily in the treatment of obesity, but their therapeutic use is limited.

Methamphetamine is made in illegal laboratories and has a high potential for abuse and dependence. Street methamphetamine is referred to by many names, such as “speed,” “meth” and “chalk.” Methamphetamine hydrochloride, clear chunky crystals resembling ice, can be inhaled by smoking and is referred to as “ice,” “crystal,” and “glass.”

Type of Drug: Central Nervous System Stimulant

How It Affects You

Methamphetamine releases high levels of the neurotransmitter dopamine, which in turn stimulates brain cells to enhance mood and body movement. It also appears to have a neurotoxic effect, damaging brain cells that contain dopamine and another neurotransmitter, serotonin. Over time methamphetamine appears to reduce levels of dopamine that can result in symptoms like those of Parkinson’s disease; a severe movement disorder.

Users may become addicted quickly, and use increased amounts of

methamphetamine with increased frequency.

How It Can Hurt You

The central nervous system (CNS) actions that result from taking even small amounts of methamphetamine include increased wakefulness, increased physical activity, decreased appetite, increased respiration, hyperthermia, and euphoria. Other CNS effects include irritability, insomnia, confusion, tremors, convulsions, anxiety, paranoia, and aggressiveness. Hyperthermia and convulsions can result in death.

Methamphetamine causes increased heart rate and blood pressure and can cause irreversible damage to blood vessels in the brain producing strokes. Other effects of methamphetamine include breathing problems, irregular heartbeat, and extreme loss of appetite. Use of methamphetamine can result in death.

The use of needles to inject methamphetamine can cause hepatitis, Acquired Immune Deficiency Syndrome (AIDS) and collapsed and blocked vessels.



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Cocaine and Crack

What It Is

Cocaine is a powerfully addictive drug of abuse. Once having tried cocaine, an individual cannot predict or control the extent to which he or she will continue to use the drug.

The major routes of administration of cocaine are snorting, injecting, and smoking (including free-base and crack cocaine.) Snorting is the process of inhaling cocaine powder through the nose where it is absorbed into the bloodstream through the nasal tissues. Injecting is the act of using a needle to release the drug directly into the bloodstream. Smoking involves inhaling cocaine vapor or smoke into the lungs where absorption into the blood stream is as rapid as by injection.

“Crack” is the street name given to cocaine that has been processed from cocaine hydrochloride to a free base for smoking. Rather than requiring the more volatile method of processing cocaine using ether, crack cocaine is processed with ammonia and sodium bicarbonate (baking soda) and water then heated to remove the hydrochloride, thus producing a form of cocaine that can be smoked. The term “crack” refers to the crackling sound heard when the mixture is smoked (heated.)

Type of Drug: Central nervous system stimulant

How It Affects You

Cocaine is a strong central nervous system stimulant that interferes with the reabsorption process of dopamine, a chemical messenger associated with pleasure and movement. Dopamine is released as part of the brain's reward system and is involved in the “high” that characterizes cocaine consumption. Physical effects of cocaine use include, constricted blood vessels, dilated pupils, and increased temperature, heart rate and blood pressure. The duration of cocaine's immediate euphoric effects, include hyper-stimulation, reduced fatigue and mental clarity, depends on the route

of administration. The faster the absorption the more intense the high. On the other hand, the faster the absorption, the shorter the duration of action. Increased use can reduce the period of stimulation.

How It Can Hurt You

Users of cocaine report feelings of restlessness, irritability and anxiety. An appreciable tolerance to the “high” may be developed. Scientific evidence suggests that the powerful neuropsychologic reinforcing property of cocaine is responsible for an individual's continued use despite harmful physical and social consequences. Sudden death can occur on the first use of cocaine or unexpectedly thereafter.

High doses of cocaine and/or prolonged use can trigger paranoia. Smoking crack cocaine can produce a particularly aggressive paranoid behavior in users. When addicted individuals stop using cocaine, they often become depressed which may lead to further cocaine use to alleviate the depression. Prolonged cocaine snorting can result in ulceration of the mucous membrane of the nose and can damage the nasal septum enough to make it collapse.

Death from overdose is common, as are suicide, homicide and fatal accidents while under the influence.



Powder cocaine

Marijuana

What It Is

Marijuana is a green or gray mixture of dried, shredded flowers and leaves of the hemp plant *cannabis sativa*. There are over 200 slang terms for marijuana including “pot,” “herb,” “weed,” “boom,” “Mary Jane” and “Acapulco gold”. It is usually smoked as a cigarette (called a joint or a nail) or in a pipe or bong. In recent years marijuana has appeared in blunts; cigars that have been emptied of tobacco and refilled with marijuana, often in combination with another drug, such as crack. Some users also mix marijuana into foods or use it to brew tea.

The main active chemical in marijuana is THC (delta-9-tetrahydrocannabinol.)

Type of Drug: Hallucinogen

How It Affects You

Researchers have found that THC changes the way in which sensory information gets into and is processed by the part of the brain that is crucial for learning, memory and the integration of sensory experiences with emotions and motivations. Investigations have shown that THC suppresses neurons in the brain. In addition, researchers have discovered that learned behaviors also deteriorate.

Long term research on marijuana use among adolescents indicates those who use marijuana have lower achievement, more acceptances of deviant activities and delinquent behavior, more aggression, greater rebelliousness, and poorer relationships with parents than non-users.

The short-term effects of marijuana use include problems with memory and learning; distorted perception; difficulty in thinking and problem solving; loss of coordination; increased heart rate, anxiety and panic attacks.

Extended use of marijuana increases risk to the lungs and may cause infertility, as well as suppression of the immune system.

Occasionally, hallucinations, fantasies and paranoia are reported. Recent research findings indicate that long-term use of marijuana produces changes in the brain similar to those seen after long-term use of other major drugs of abuse.

How It Can Hurt You

Someone who smokes marijuana regularly may have many of the same breathing problems as tobacco smokers. These individuals may have daily cough and phlegm, symptoms of chronic bronchitis, asthma and frequent colds. Continuing to smoke marijuana can lead to abnormal functioning of lung tissue injured or destroyed by marijuana smoke.

Research shows that heavy marijuana use has a long-term effect on learning and social behavior. Increased impairment among heavy users is likely due to an alteration of brain activity produced by marijuana.

Death of self and others due to driving under the influence is common especially when combined with alcohol.

Unborn children of mothers who use marijuana may develop congenital defects or experience delayed development after birth.

Note: A drug is addicting if it causes compulsive, often uncontrollable drug craving, seeking and use, even in the face of negative health and social consequences. Marijuana meets this criterion. More than 120,000 people enter treatment per year for their primary marijuana addiction.



Opiates/Heroin

What It Is

Heroin is a highly addictive drug, and its use is a serious problem in America. Recent studies suggest a shift from injecting heroin to snorting or smoking because of increased purity and the misconception that these forms of use will not lead to addiction.

Heroin is processed from morphine, a naturally occurring substance extracted from the seedpod of the Asian poppy plant. Heroin usually appears as a white or brown powder. Street names for heroin include “smack,” “H,” “skag” and “junk”. Other names may refer to types of heroin produced in a specific geographical area, such as “Mexican black tar.”

Type of Drug: Semisynthetic narcotic painkiller

How It Affects You

The short-term effects of heroin abuse appear soon after a single dose and disappear in a few hours. After an injection of heroin, the user reports feeling a surge of euphoria (“rush”) accompanied by a warm flushing of the skin, a dry mouth and heavy extremities. Following this initial euphoria, the user goes “on the nod” an alternately wakeful and drowsy state. Mental functioning becomes clouded due to the depression of the central nervous system.

With regular heroin use tolerance develops. This means the abuser must use more heroin to achieve the same intensity or effect. As higher doses are used over time, physical dependence and addiction develop. With physical dependence the body has adapted to the presence of the drug and withdrawal symptoms may occur if use is reduced or stopped. Withdrawal, which in regular abusers may occur as early as a few hours after the last administration, produces drug craving, restlessness, muscle and bone pain, insomnia, diarrhea and vomiting, cold flashes with goose bumps (“cold turkey”), kicking movements (“kicking the habit”) and other symptoms. Major

withdrawal symptoms peak between 48 and 72 hours after the last dose and subside after about a week. Sudden withdrawal by heavily dependent users who are in poor health is occasionally fatal, although heroin withdrawal is considered much less dangerous than alcohol or barbiturate withdrawal.

How It Can Hurt You

Chronic users of heroin may develop collapsed veins, infection of the heart lining and valves, abscesses, and liver disease. Pulmonary complications, including various types of pneumonia, may result from the poor health condition of the abuser as well as from heroin’s depressing effects on breathing.

Needle injection may cause life threatening conditions such as tetanus, hepatitis, endocarditis or Acquired Immune Deficiency Syndrome (AIDS).

Death results from overdose that brings on lung and heart complications. Overdose can result from purchase of impure and/or unpredictable street drugs.

Psychological dependence can be prolonged after withdrawal with depression, anxiety, inability to sleep, lack of appetite, restlessness and craving for the drug.



Phencyclidine (PCP)

What It Is

Phencyclidine (PCP) was developed in the 1950's as an intravenous anesthetic. Use of PCP in humans was discontinued in 1965, because it was found that patients often became agitated, delusional, and irrational while recovering from its anesthetic effects. PCP is illegally manufactured in laboratories and is sold on the street under such names as "angel dust," "ozone," "wack," and "rocket fuel." "Killer joints" and "crystal supergrass" are names that refer to PCP combined with marijuana. The variety of street names for PCP reflects its bizarre and volatile effects.

PCP is white crystalline powder that is readily soluble in water or alcohol. It has a distinctive bitter chemical taste. PCP can be mixed with dyes and turns up on the illicit drug market in a variety of tablets, capsule, and colored powders. It is normally used in one of three ways: snorted, smoked or eaten. PCP is often applied to a leafy material such as mint, parsley, oregano or marijuana.

Type of Drug: Dissociative anesthetic

How It Affects You

PCP is addicting; that is, its use often leads to psychological dependence, craving, and compulsive PCP-seeking behavior. It was first introduced as a street drug in the 1960's and quickly gained a reputation as a drug that could cause bad reactions and was not worth the risk. Many people using the drug once will not knowingly use it again. Yet others use it consistently and regularly. Some persist in using PCP because of its addicting properties. Other cite feelings of strength, power, invulnerability and a numbing effect on the mind as reasons for their continued PCP use.

PCP's effects are varied. A moderate amount of PCP often causes users to feel detached, distant and estranged from their surroundings. Numbness, slurred speech, and loss of coordination may be accompanied by a sense of strength and invulnerability. A blank stare, rapid and involuntary eye movements and an

exaggerated gait are among the more observable effects. Auditory hallucinations, image distortion, severe mood disorders and amnesia may also occur. In some users, PCP may cause acute anxiety and feelings of impending doom; in others, paranoia and violent hostility; and in some, it may produce a psychoses indistinguishable from schizophrenia.

How It Can Hurt You

At *low to moderate* doses, physiological effects of PCP include a slight increase in breathing rate and more pronounced rise in blood pressure and pulse rate. Respiration becomes shallow, and flushing and profuse sweating occur. Generalized numbness of the extremities and uncoordinated muscles also may occur. Psychological effects include distinct changes in body awareness, similar to those associated with alcohol intoxication. Use of PCP among adolescents may interfere with hormones related to normal growth and development as well as with the learning process.

At *high* doses of PCP, there is a drop in blood pressure, pulse rate and respiration. This may be accompanied by nausea, vomiting, blurred vision, flicking up and down of the eyes, drooling, loss of balance and dizziness. High doses of PCP can also cause seizures, coma, and death (though death more often results from accidental injury or suicide during PCP intoxication.) Psychological effects at high doses include illusions and hallucinations. PCP can cause effects that mimic the full range of symptoms of schizophrenia, such as delusions, paranoia, disordered thinking, a sensation of distance from one's environment and catatonia. These symptoms can persist up to a year after cessation of PCP use.



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Community Hotline and Resource Information

Chemical Dependency

Detoxification

Central Seattle Recovery Center
Capital Hill..... (206) 322-2970
Detoxification Clinic..... (206) 325-5000

Evergreen Treatment Services
(Drug Detoxification) V/TTY (206) 223-3644

South King County Recovery Centers – Kent V/TTY (253) 854-6513

Information

Alcohol/Drug 24-Hour Help Line V/TTY (206) 722-3700
Or V/TTY 1-800-562-1240
Teen Line (206) 722-4222

Cocaine Outreach and Recovery Program (206) 323-5399

King, County of: Human Services Department –
Drugs: Draw the Line! (206) 296-5250

Mothers Against Drug Driving (MADD) (206) 624-6903

Poison Center (Children's Hospital and Medical Center)
Emergency Information (206) 526-2121
Or TTY (206) 526-2223

Washington State Council on Alcoholism..... (425) 643-2244

Washington State Substance Abuse Coalition..... (425) 673-7011

Inpatient Treatment

ADATSA Program (Alcoholism & Drug Addiction Treatment and Support Act) (DSHS)
(Contact local DSHS community service office)

Cedar Hills Treatment Center
(clients on public assistance) (206) 296-8700

Genesis House (206) 328-0881

Group Health Cooperative – ADAPT Residential
Treatment Unit (members only) (425) 883-5605

Residence XII (women only) (425) 823-8844

Seattle Drug and Narcotics Center (SEADRUNAR)..... (206) 767-0244
Seattle Indian Health Board – Thunderbird Treatment Program..... (206) 722-7152

Community Hotline and Resource Information

Inpatient Treatment (cont'd)

Swedish Hospital Medical Center / Seattle
 Addiction Recovery Services (206) 386-3150
 Or TTY (206) 386-2022

U.S. Veterans Affairs Medical Center –
 Addiction Treatment Center (206) 764-2782

Inpatient Treatment (Youth)

Black Latino Adolescent Alcohol Drug Endeavor..... (206) 781-7220

Mom's Project (HSHS) (pregnant teens)..... (206) 721-2888
 Or TTY (206) 721-2778

Ryther Child Center Adolescent
 Chemical Dependency Program (206) 525-5050

Seattle Indian Health Board
 Thunderbird Treatment Program (12-17) (206) 722-7152

Outpatient Treatment/Counseling

Asian Counseling and Referral Service (206) 695-7511
 Or TTY (206) 695-7608

Catholic Community Services (206) 325-5162
 Kent..... (253) 850-2523
 Or TTY (206) 328-5646

Center for Human Services..... V/TTY (206) 362-7282

Central Seattle Recovery Center V/TTY 322-2970

Community Psychiatric Clinic..... V/TTY (206) 461-3614

Consejo Counseling and Referral Service
 (Hispanic focus) (206) 461-4880

Eastside Alcohol Center..... V/TTY (425) 454-1505

Evergreen Treatment Services
 (drug services; methadone) V/TTY 223-3644

Harborview Mental Health Services – Outpatient Services (206) 731-3415

Highline West Seattle Mental Health Center (206) 248-8226
 Or TTY (206) 248-8235

Community Hotline and Resource Information

Outpatient Treatment/Counseling (cont'd)

Mentor Health Northwest – Rainbow Creek	(425) 828-1449
Residence XII.....	(425) 823-8844
Seattle Indian Health Board – Alcoholism Program	V/TTY 324-9360 (ext. 201)
South King County Recovery Center	(253) 854-6513
Stonewall Recovery Services (sexual minority focus)	V/TTY (206) 461-4546
Swedish Hospital Medical Center - Seattle Addiction Recovery Services	(206) 386-3150
Or	TTY (206) 386-2022
Therapeutic Health Services	(206) 323-0390
Valley Cities Counseling and Consultation – Federal Way North.....	(253) 939-4055
U.S. Veterans Affairs Medical Center Addictions Treatment Center	(206) 764-2653
Valley Medical Center – Recovery Program	(425) 656-4055

Support Groups

Adult Children Anonymous.....	(206) 722-6117
Al-Anon Family Groups	(206) 625-0000
Alcoholics Anonymous	V/TTY (206) 587-2838
Eastside	(425) 454-9192
Asian Counseling and Referral Services.....	(206) 695-7511
Or	TTY (206) 695-7608
Cocaine Anonymous	(206) 722-6117
Cocaine Outreach and Recovery Program	(206) 323-5399
Nar-Anon Family Groups	(206) 626-7171
Narcotics Anonymous	(206) 329-1618
Eastside	(425) 451-1516
Northshore Youth and Family Service	(425) 485-6541
Valley Medical Center – Valley Medical Recovery Center	(425) 656-4053

Employee Assistance Program

The City of Seattle offers **you and your family** the services of an Employee Assistance Program. **Confidential**, professional help is available to you regarding problems such as:

- ◆ Alcohol or drug problems
- ◆ Family, relationship or emotional concerns
- ◆ Job-related problems and co-worker conflicts
- ◆ Eating disorders
- ◆ Stress or depression
- ◆ Elder care
- ◆ Grief
- ◆ Gambling or other addictive behavior
- ◆ Critical incidents or catastrophes

Your confidentiality is protected in accordance with public law. Neither supervisors nor any other City official is provided with individual EAP information.

You may call twenty-four hours a day, any day of the week. Counselor assessments and assistance **by phone and in person** are offered at no expense to you. If you or a family member is referred to ongoing counseling, this will be done in consideration of your medical plan coverage.

The City's provider of EAP services is:

FAMILY SERVICES

1191 Second Avenue, Suite 690, Seattle, WA

Phone Number (206) 654-4144

(206) 451-1341 or 1-800-311-0216 (Out of area)

CHEMICAL DEPENDENCY TREATMENT BENEFITS

EFFECTIVE JANUARY 1, 2001

Services	Group Health (GHC)	Aetna "Open Choice" Traditional Plan	Aetna "Open Choice" Preventative Plan
Inpatient/ Outpatient	Treatment must be preauthorized by GHC's Medical Director and received at a GHC facility, GHC-designated facility, or a GHC-approved treatment facility.	<p><u>In-network:</u> <u>Inpatient and Outpatient:</u> Paid at 80%</p> <p><u>Out-of-network:</u> <u>Inpatient and Outpatient:</u> Paid at 60%</p>	<p><u>In-network:</u> <u>Inpatient:</u> Covered in full after \$100 copay. <u>Out-patient:</u> \$15 copay per visit</p> <p><u>Out-of-network:</u> <u>Inpatient and Outpatient:</u> Paid at 60%</p>
Emergency Care	Treatment for acute chemical withdrawal is provided without prior approval. Emergency room services are subject to a copayment if not admitted. If services received at a non-GHC designated facility, coverage is subject to a deductible.	Treatment for medically necessary detoxification is provided without prior notification.	<u>In-network & out-of-network:</u> Treatment for medically necessary detoxification is provided without prior notification.
Benefit Allowance	Benefits provided up to \$10,000 in any 24 consecutive month period, subject to applicable inpatient and outpatient copays.	<p>Benefits provided to a maximum of \$10,326 in a 24-Month period.</p> <p>Combined benefit limit for in- and out-of-network services</p>	<p>Benefits provided up to \$10,326 in 24 consecutive month period.</p> <p><u>In-network:</u> Treatment is subject to a copayment.</p> <p><u>Out-of-network:</u> Treatment is subject to the annual deductible, coinsurance, and copays.</p> <p>Combined benefit limit for in- and out-of-network services</p>